82

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HARTFORD CARE CENTER 1202 EAST SUMNER STREET HARTFORD 53027 Phone: (262) 673-2220 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 90 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 109 Title 19 (Medicaid) Certified? Yes

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County: Washington

Number of Residents on 12/31/01:

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%   	Age Groups	%	Less Than 1 Year	35. 5 28. 9
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	7.9	More Than 4 Years	35. 5
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	28. 9 14. 5	65 - 74   75 - 84	6. 6 36. 8		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94   95 & 0ver	42. 1 6. 6	**************************************	*******
Congregate Meals	No	Cancer	3. 9			Nursing Staff per 100 Re	
Home Delivered Meals Other Meals	No No	Fractures   Cardi ovascul ar	13. 2 5. 3	   65 & 0ver	100. 0   92. 1	(12/31/01)	
Transportation	No	Cerebrovascul ar	21. 1			RNS	14. 3
Referral Servi ce Other Servi ces	No No	Di abetes   Respi ratory	1. 3 5. 3	Sex 	%   	LPNs Nursing Assistants,	9. 7
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	6. 6	Male Female	21. 1   78. 9	Aides, & Orderlies	51. 2
Provide Day Programming for	NO		100. 0	гены е			
Developmentally Disabled ************************************	No ****	****************************	*****	******	100.0	**********	*****

Average Daily Census:

## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	<b>;</b>		amily Care		l	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	8	100.0	337	50	89. 3	110	0	0.0	0	9	81.8	133	0	0.0	0	1	100.0	600	68	89. 5
Intermediate				6	10. 7	90	0	0.0	0	2	18. 2	123	0	0.0	0	0	0.0	0	8	10. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		<b>56</b>	100.0		0	0.0		11	100.0		0	0.0		1	100. 0		76	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions,	Services, a	and Activities as of 12/	31/01
Deaths During Reporting Period							
8 1 8		ľ		% Nee		Total	
Percent Admissions from:		Activities of	%	Assi sta		% Totally	Number of
Private Home/No Home Health	1. 1	Daily Living (ADL)	Independent	One Or T		3	Resi dents
Private Home/With Home Health	3. 2	Bathi ng	2. 6		. 0	47. 4	76
Other Nursing Homes	5. 2 5. 4	Dressi ng	3. 9		. 8	34. 2	76
Acute Care Hospitals	86. 0	Transferring	7. 9		. 1	21. 1	76 76
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	7. 9 7. 9		. 1 3. 9	38. 2	76 76
							76 76
Rehabilitation Hospitals	3. 2	Eating	6.6	80	. 3	13. 2	/0
Other Locations	1. 1	*********	****		• 1	· * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	93	Continence			cial Treatme		%
Percent Discharges To:		Indwelling Or External				spi ratory Care	5. 3
Private Home/No Home Health	6. 3	0cc/Freq. Incontinent	of Bl adder	61. 8 R	ecei vi ng Tra	cheostomy Care	0. 0
Private Home/With Home Health	17. 7	Occ/Freq. Incontinent	of Bowel	52. 6 R	ecei vi ng Suc	ti oni ng	0. 0
Other Nursing Homes	6. 3	· -		R	eceiving Ost	omy Care	1. 3
Acute Care Hospitals	8. 3	Mobility		R	ecei vi ng Tub	e Feeding	1. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0 R	eceiving Mec	hanically Altered Diets	44. 7
Rehabilitation Hospitals	0. 0	]			8	j iii ji	
Other Locations	15. 6	Skin Care		0th	er Resident	Characteri sti cs	
Deaths	45. 8	With Pressure Sores			ave Advance		85. 5
Total Number of Discharges	10.0	With Rashes			i cations	Directives	00.0
(Including Deaths)	96	With Musiks				choactive Drugs	44. 7
(Ther during Deaths)	30	I		N	ccciving 13y	choacerve brugs	77. /

Ownership: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 74. 1 77. 1 0.96 85. 7 0.86 82.7 0.90 84. 6 0.88 Current Residents from In-County 60.5 82.7 0.73 86. 1 0.70 85. 3 0.71 77. 0 0. 79 Admissions from In-County, Still Residing 21.5 19. 1 1. 12 17. 5 1. 23 21. 2 1.02 20.8 1.03 Admissions/Average Daily Census 113.4 173. 2 0.65 212. 2 0.53 148. 4 0.76 128. 9 0.88 Discharges/Average Daily Census 117.1 173.8 0.67 210. 1 0.56 150. 4 0.78 130.0 0.90 Discharges To Private Residence/Average Daily Census 28. 0 71.5 0.39 87. 3 0.32 **58.** 0 0.48 52. 8 0.53 Residents Receiving Skilled Care 89. 5 92.8 0.96 93.8 0.95 91.7 0.98 85. 3 1.05 Residents Aged 65 and Older 92. 1 86.6 1.06 94.0 0.98 91.6 87. 5 1.01 1.05 Title 19 (Medicaid) Funded Residents 73.7 71. 1 1.04 1. 22 64. 4 68. 7 60. 5 1. 14 1.07 Private Pay Funded Residents 13.9 23.8 22. 0 14. 5 1.04 26. 1 0. 55 0.61 0.66 Developmentally Disabled Residents 0.0 1. 3 0.00 0. 9 0.00 0. 9 7. 6 0.00 0.00 Mentally Ill Residents 43.4 32. 5 1.34 27. 3 1. 59 32. 2 1.35 33. 8 1. 29 General Medical Service Residents 6.6 20. 2 0.33 27.4 0. 24 23. 2 0. 28 19. 4 0.34 51. 2 49.3 Impaired ADL (Mean) 62. 9 52.6 1. 20 1. 23 51.3 1. 23 1. 28 Psychological Problems 44.7 48.8 0.92 52. 4 0.85 50. 5 0.89 51. 9 0.86

7.3

1. 28

6. 7 1. 40

7. 2

1. 30

7. 3 1. 28

9.4

Nursing Care Required (Mean)